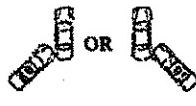
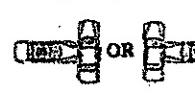
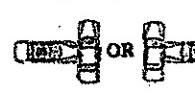
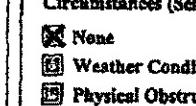
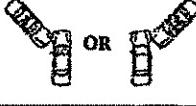
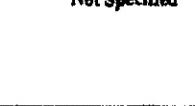


State of West Virginia Uniform Traffic Crash Report

DOH Form: 17-c
Revised: 02/2007

Crash Data

Crash Record Number	Reporting Agency's Record Number:	2019-00030673	Page <u>1</u> of <u>16</u>
# of Vehicles Involved: <u>3</u>	# of Non-Motorists Involved: <u>0</u>	# of Fatal Injuries: <u>0</u>	# of A B or C Injuries: <u>3</u>
Date / Time of Crash: <u>08/09/2019</u> / <u>0745</u>	Date / Time Crash Reported: <u>08/09/2019</u> / <u>0746</u>	Time of Arrival: <u>0806</u>	
County: <u>KANAWHA</u>	Municipality or Place of Crash: <u>SISSONVILLE</u>	GPS Coordinates: _____ Latitude _____ Longitude _____	
Highway Class: <input checked="" type="radio"/> Interstate <input type="radio"/> US <input type="radio"/> WV	Supplemental Designation: _____		
<input checked="" type="radio"/> County/HARP <input type="radio"/> City Street <input type="radio"/> State Park / Forest Road	<input type="radio"/> Not Applicable <input type="radio"/> Spur <input type="radio"/> North <input type="radio"/> East <input type="radio"/> Truck Route <input type="radio"/> Other		
<input type="radio"/> Private Road <input type="radio"/> Private Property/Off-Roadway <input type="radio"/> Other	<input type="radio"/> Alternate <input type="radio"/> Ramp <input type="radio"/> South <input type="radio"/> West <input type="radio"/> Toll		
Route: <u>021</u> / <u>00</u>	Milepost: _____	Ramp: _____	Street: <u>SISSONVILLE DRIVE</u>
Other Description of Location: <u>BOX 7014</u> Intersecting Street: _____			
Relation to Junction / Junction Type:			
<input checked="" type="radio"/> Non-Junction <input type="radio"/> Junction, Non-Interchange Area	<input type="radio"/> Junction, Interchange Area	Intersection Type:	
<input type="checkbox"/> Intersection	<input type="checkbox"/> Tbra Roadway	<input type="radio"/> 4-Way Intersection	
<input type="checkbox"/> Intersection-Related	<input type="checkbox"/> Merge/Diverge Area	<input type="radio"/> T Intersection	
<input type="checkbox"/> Interstate to Interstate	<input type="checkbox"/> Intersection	<input type="radio"/> Y Intersection	
<input type="checkbox"/> Railroad Grade Crossing #:	<input type="checkbox"/> Intersection-Related	<input type="radio"/> Intersection as Part of Interchange	
<input type="checkbox"/> Median Crossover-Related	<input type="checkbox"/> Entrance / Exit Ramp	<input type="radio"/> Traffic Circle / Roundabout	
<input type="checkbox"/> Business or Residential Driveway/Alley Access	<input type="checkbox"/> Other Part of Interchange	<input type="radio"/> 5-Point or More	
<input type="checkbox"/> Other Non-Interchange			
Manner of Collision:			
<input type="radio"/> Single Vehicle Crash	<input type="radio"/> Angle (Front to Side) Same Direction	<input type="radio"/> Right Angle	Environmental Contributing Circumstances (Select Up to 3):
<input type="radio"/> Rear End	 OR 	 OR 	<input type="checkbox"/> None
<input type="radio"/> Head-On	<input type="radio"/> Angle (Front to Side) Opp. Direction	<input type="radio"/> Angle - Direction Not Specified	<input type="checkbox"/> Weather Conditions
<input type="radio"/> Sideswipe, Same Direction	 OR 		<input type="checkbox"/> Physical Obstruction(s)
<input type="radio"/> Sideswipe, Opposite Direction			<input type="checkbox"/> Glare
<input type="radio"/> Rear-to-Side			<input type="checkbox"/> Animal(s) in Roadway
<input type="radio"/> Rear-to-Rear			Type: _____
<input type="checkbox"/> Other:			<input type="checkbox"/> Other: _____
Weather (Select Up to 2):			
<input type="checkbox"/> Clear	<input type="checkbox"/> Rain	<input type="checkbox"/> Blowing Snow	<input type="checkbox"/> Lighting:
<input checked="" type="checkbox"/> Cloudy	<input type="checkbox"/> Sleet, Hail, or Freezing Rain	<input type="checkbox"/> Severe Crosswinds	<input type="radio"/> Daylight <input type="radio"/> Dawn
<input type="checkbox"/> Fog, Smog, Smoke	<input type="checkbox"/> Snow	<input type="checkbox"/> Blowing Sand, Soil, Dirt	<input type="radio"/> Dark - Lighted <input type="radio"/> Dusk
<input type="checkbox"/> Other:			<input type="radio"/> Dark - Not Lighted <input type="radio"/> Other
Roadway Surface Condition:			
<input checked="" type="radio"/> Dry	<input type="radio"/> Slush	<input type="radio"/> Mud, Dirt, Gravel, Sand	<input type="radio"/> On Roadway <input type="radio"/> Roadside <input type="radio"/> In Parking Lane or Zone <input type="radio"/> Outside of Right-of-Way
<input type="radio"/> Wet	<input type="radio"/> Ice / Frost	<input type="radio"/> Shoulder <input type="radio"/> Gore <input type="radio"/> Off Roadway, Location Unknown <input type="radio"/> Unknown	
<input type="radio"/> Snow	<input type="radio"/> Water (Standing / Moving)	<input type="radio"/> Median <input type="radio"/> Separator	
Roadway Surface Type:			
<input type="radio"/> Asphalt	<input type="radio"/> Concrete	<input type="radio"/> Gravel	<input type="radio"/> Dirt <input type="radio"/> Brick <input type="radio"/> Other: _____
First Harmful Event:			
COLLISION WITH:			
<input type="radio"/> Overturn / Rollover	<input type="radio"/> Pedestrian	<input type="radio"/> Bridge Overhead Structure	<input type="radio"/> Concrete Traffic Barrier
<input type="radio"/> Fire / Explosion	<input type="radio"/> Pedalcycle	<input type="radio"/> Bridge Pier or Support	<input type="radio"/> Other Traffic Barrier
<input type="radio"/> Immersion	<input type="radio"/> Railway Vehicle	<input type="radio"/> Bridge Rail	<input type="radio"/> Tree (Standing)
<input type="radio"/> Jackknife	<input type="radio"/> Animal	<input type="radio"/> Culvert	<input type="radio"/> Utility Pole/Light Support
<input type="radio"/> Cargo / Equipment Loss or Shift	<input type="radio"/> Motor Vehicle in Transport	<input type="radio"/> Curb	<input type="radio"/> Traffic Sign Support
<input type="radio"/> Fell / Jumped from Motor Veh	<input type="radio"/> Parked Motor Vehicle	<input type="radio"/> Ditch	<input type="radio"/> Traffic Signal Support
<input type="radio"/> Thrown or Falling Object	<input type="radio"/> Work Zone / Maintenance Equip	<input type="radio"/> Embankment	<input type="radio"/> Other Post, Pole, or Support
<input type="radio"/> Other Non-Collision	<input type="radio"/> Other Non-Fixed Object	<input type="radio"/> Guardrail Face	<input type="radio"/> Fence
	<input type="radio"/> Impact Attenuator / Crash Cushion	<input type="radio"/> Guardrail End	<input type="radio"/> Mailbox
		<input type="radio"/> Cable Median Barrier	<input type="radio"/> Other Fixed Object

EXHIBIT

tabbed

1

COPY

Crash Record Number [REDACTED] Reporting Agency's Record Number: 2019-00030673 Page 2 of 16

Road - Contributing Circumstances: (Select Up to 3)			<input checked="" type="checkbox"/> Shoulders	<input checked="" type="checkbox"/> Work Zone
<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> Ruts, Holes, Bumps	<input checked="" type="checkbox"/> Low	<input checked="" type="checkbox"/> Utility	
<input checked="" type="checkbox"/> Road Surface Condition (Wet, Icy, etc.)	<input checked="" type="checkbox"/> Worn, Travel Polished Surface	<input checked="" type="checkbox"/> Soft	<input checked="" type="checkbox"/> Construction	
<input checked="" type="checkbox"/> Debris	<input checked="" type="checkbox"/> Obstruction in Roadway	<input checked="" type="checkbox"/> High	<input checked="" type="checkbox"/> Maintenance	
	<input checked="" type="checkbox"/> Pavement Markings Not Visible	<input checked="" type="checkbox"/> Problem w/ Traffic Control Device	<input checked="" type="checkbox"/> Non-Highway Work	
		<input checked="" type="checkbox"/> Inoperative	<input checked="" type="checkbox"/> Missing	
			<input checked="" type="checkbox"/> Obscured	
			<input checked="" type="checkbox"/> Other	

School Bus Related:	School Zone Related:	Type of School Zone Sign:	School Zone Flashers:	School Zone Speed Limit:
<input checked="" type="radio"/> No	<input checked="" type="radio"/> No	<input checked="" type="radio"/> When Present	<input checked="" type="radio"/> Present, Not Active	[REDACTED]
<input checked="" type="radio"/> Yes, School Bus Directly Involved	<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> When Flashing	<input checked="" type="radio"/> Present, Active	
<input checked="" type="radio"/> Yes, School Bus Indirectly Involved		<input checked="" type="radio"/> Lists Specific Times	<input checked="" type="radio"/> Not Present	

Work Zone Related:	Workers Present:	Work Zone Speed Limit:	Location of Crash in Work Zone:	Type of Work Zone:
<input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No	<input checked="" type="radio"/> Before 1st Warning Sign	<input checked="" type="radio"/> Intermittent or Moving Work
<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No	<input checked="" type="radio"/> Unknown	<input checked="" type="radio"/> Advance Warning Area	<input checked="" type="radio"/> Lane Closure
			<input checked="" type="radio"/> Transition (Merge) Area	<input checked="" type="radio"/> Termination Area
				<input checked="" type="radio"/> Lane Shift / Crossover
				<input checked="" type="radio"/> Other
				<input checked="" type="radio"/> Work on Shoulder or in Median

NARRATIVE: Describe What Happened. Refer to Vehicles by Number Assigned on this Form.

ON FRIDAY, AUGUST 09, 2019 AT APPROXIMATELY 07:46 A.M., I WAS DISPATCHED BY METRO COMMUNICATIONS TO 7014 SISSONVILLE DRIVE IN SISSONVILLE, KANAWHA COUNTY, IN REFERENCE TO A 3-VEHICLE CRASH WITH INJURY.

UPON MY ARRIVAL, I OBSERVED THE FOLLOWING: VEHICLE 1 RESTING IN A CREEK BED ALONG THE RIGHT SHOULDER OF THE ROADWAY (NORTH BOUND LANE); VEHICLE 2 STOPPED IN THE NORTH BOUND LANE OF TRAFFIC, APPROXIMATELY FORTY YARDS NORTH OF WHERE VEHICLE 1 AND VEHICLE 3 WERE LOCATED; AND VEHICLE 3 TO BE STOPPED IN THE NORTH BOUND LANE, WITH IT RESTING SIDEWAYS IN ITS LANE. I EXAMINED THE SCENE AND OBSERVED THE FOLLOWING: MARKINGS FROM VEHICLE 1 TRAVELING FROM NEAR THE CENTER LINE (SOUTH BOUND) IN TO THE NORTH BOUND LANE OF TRAFFIC; DEBRIS FROM VEHICLE 1 AND VEHICLE 3 LYING IN THE NORTH BOUND LANE OF TRAFFIC; TIRE MARKINGS FROM VEHICLE 2, WHICH WERE IN THE NORTH BOUND LANE JUST ABOVE THE DEBRIS LOCATION. I EXAMINED VEHICLE 1 AND OBSERVED THE FOLLOWING: HEAVY FRONT-END DAMAGE; HEAVY DAMAGE TO BOTH FRONT FENDER AREAS; WINDSHIELD WAS NOT DAMAGED; AND FRONT INSIDE AIRBAG DEPLOYMENT. I EXAMINED VEHICLE 2 AND OBSERVED THE FOLLOWING: THE VEHICLE ITSELF WAS NOT DAMAGED. HOWEVER, THE METAL OPEN FACE STYLE TRAILER'S REAR DRIVER SIDE WHEEL AND TRAILER AREA WAS DAMAGED. I EXAMINED VEHICLE 3 AND OBSERVED THE FOLLOWING: HEAVY FRONT-END DAMAGE; HEAVY DAMAGE TO BOTH FRONT FENDER AREAS; WINDSHIELD DAMAGE; AND INSIDE FRONT AIRBAG DEPLOYMENT. DIGITAL PHOTOGRAPHS OF THE SCENE WERE TAKEN.

VEHICLE 1 WAS TRAVELING SOUTH NEAR 7014 SISSONVILLE DRIVE. VEHICLE 1 TRAVELED LEFT OF CENTER INTO THE NORTH BOUND LANE OF TRAFFIC. VEHICLE 1'S FRONT DRIVER SIDE AREA STRUCK THE REAR DRIVER SIDE TRAILER AREA OF VEHICLE 2. THEN, VEHICLE 1 TRAVELED SOUTH IN THE NORTH BOUND LANE AND THEN ITS FRONT-END IT STRUCK THE FRONT OF VEHICLE 3. VEHICLE 1 TRAVELED OFF THE LEFT SIDE OF THE ROADWAY AND CAME TO A REST IN A CREEK BED.

DUE TO INJURIES, DRIVER 1, DRIVER 3, AND PASSENGER 1 (VEHICLE 3) WERE TRANSPORTED FROM THE SCENE TO C.A.M.C. GENERAL HOSPITAL IN CHARLESTON.

WITNESS 1, TERRI CHAPMAN [REDACTED], PROVIDED CPL. J. W. EARY WITH A RECORDED STATEMENT OF THE INCIDENT. AT WHICH TIME, SHE STATED THE FOLLOWING: SHE HAD BEEN TRAVELING SOUTH ON SISSONVILLE DRIVE PRIOR TO THE INCIDENT AND OBSERVED IT TO TRAVEL LEFT OF CENTER. THEN, AT THE CRASH LOCATION, SHE OBSERVED VEHICLE 1 TRAVEL LEFT OF CENTER AND STRIKE THE REAR OF VEHICLE 2'S TRAILER. THEN, VEHICLE 1 PROCEEDED TO TRAVEL SOUTH IN THE NORTH BOUND LANE. VEHICLE 1 STRUCK THE FRONT OF VEHICLE 3 AND THEN LANDED IN THE CREEK.

WITNESS 2, RYAN WHITE [REDACTED] PROVIDED CPL. J. W. EARY WITH A RECORDED STATEMENT OF THE INCIDENT. AT WHICH TIME, HE STATED THE FOLLOWING: AS HE WAS TRAVELING NORTH ON SISSONVILLE DRIVE, HE OBSERVED VEHICLE 1 TRAVEL ACROSS THE CENTER LINE AND STRIKE VEHICLE 2'S TRAILER. THEN, VEHICLE 1 CONTINUED SOUTH IN THE NORTH BOUND LANE AND STRUCK THE FRONT OF VEHICLE 3. VEHICLE 1 CAME TO A REST IN THE CREEK.

VEHICLE 1, VEHICLE 2'S TRAILER, AND VEHICLE 3 WERE TOWED FROM THE SCENE BY CHARLESTON AUTO. THEY WERE TOWED TO THEIR LOT IN SISSONVILLE.

I CLEARED FROM THE SCENE AND TRAVELED TO C.A.M.C. GENERAL HOSPITAL. UPON MY ARRIVAL, I OBTAINED AN AUDIO-RECORDED STATEMENT WITH DRIVER 3. ALSO, I OBTAINED AN AUDIO-RECORDED STATEMENT FROM PASSENGER 1 OF VEHICLE 3. HOWEVER, DUE TO DRIVER 1'S MEDICAL CONDITION (S.T.I.C.U. FLOOR), I WAS UNABLE TO OBTAIN A RECORDED STATEMENT.

Reported By:	<input checked="" type="radio"/> State Police	<input checked="" type="radio"/> Sheriff's Dept	Photos Taken:	<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No	By Whom:	J. W. EARY
	<input checked="" type="radio"/> Municipal PD	<input checked="" type="radio"/> Other	Video Taped:	<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No	By Whom:	[REDACTED]

The information contained in this report reflects my best knowledge and judgment:

Investigating Officer's Name:	J. W. MILLER	Number:	84	Signature:	[REDACTED]	
Phone:	(304) 357-0169	ORI Number:	WV0200000	Agency:	Kenawha Co SD	
Assisting Officer's Name(s):	J. W. EARY					
Reconstructed:	<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No	By Whom:		Date of Submission:	06/09/2019



State of West Virginia Uniform Traffic Crash Report
Diagram

DOH Form: 17-dgrm
Revised: 02/2007

Crash Record Number:

Page 3 of 15

Reporting Agency's Record Number: 2019-00030673

CRASH DIAGRAM;

(Draw Crash Scene - Including Roadway Layout, Vehicles, Individuals or Objects Struck, Traffic Controls, etc.)
IMPORTANT: Number Vehicles According to the Numbers Assigned on this Form.

NO DIAGRAM



State of West Virginia Uniform Traffic Crash Report
Vehicle Data

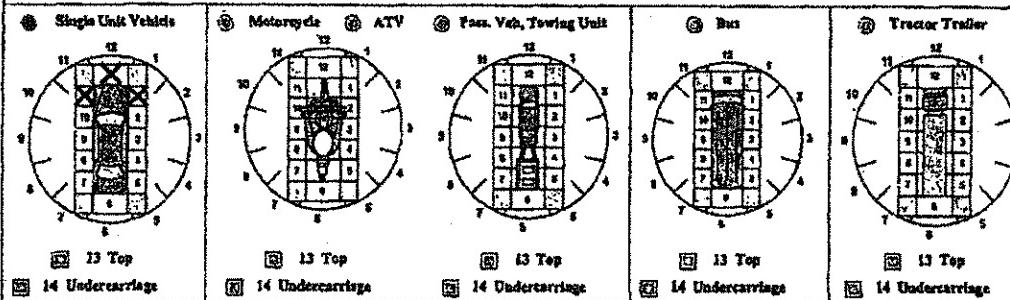
DOT Form 17-wch
 Revised: 02/2007

Crash Record Number:		Vehicle Number:	Reporting Agency's Record Number:	Page <u>4</u> of <u>16</u>
Vehicle Type: <input checked="" type="radio"/> Motor Veh in Transport <input type="radio"/> Parked Motor Veh / Trailer <input type="radio"/> Working Veh / Equipment		Eff and Run:	<input type="radio"/> No, Did Not Leave Scene <input type="radio"/> Yes, Driver Left Scene <input type="radio"/> Yes, Car and Driver Left Scene	
Owner's Name(s): <u>WHITE, THELMA CRYSTAL</u>		Driver Presence at Time of Crash:		
Address:		KENNA	WV	25748
City	State	Zip Code	Residence	Other Places
Make	Model	Model Year	Body Type	Color
TOYOTA	COROLLA	2008	SEDAN, 4-DOOR	WHITE
VIN	First Class	Licence Plate Number	State	Reg Year
			WV	2020
Special Function of Motor Vehicle:		Used as an Emergency Vehicle:	Vehicle Used as a Bus:	Proof of Liability Insurance:
<input type="radio"/> None <input type="radio"/> Police <input type="radio"/> Courtesy Patrol <input type="radio"/> Used as School Bus <input type="radio"/> Ambulance <input type="radio"/> Taxi <input type="radio"/> Used as Other Bus <input type="radio"/> Fire Truck <input type="radio"/> Military		<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> Public School Bus <input type="radio"/> Commuter Bus <input type="radio"/> Tour Bus <input type="radio"/> Private School Bus <input type="radio"/> Shuttle Bus <input type="radio"/> Church Bus <input type="radio"/> Scheduled Service Bus <input type="radio"/> Modified for Personal/Private Use	<input type="radio"/> Properly Registered <input type="radio"/> Improperly Registered <input type="radio"/> No Registration Required <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Req
Direction of Travel Before Crash:		Applicable Speed Limit (MPH):	Roadway Description:	Total Lanes in Roadway:
<input type="radio"/> Northbound <input type="radio"/> Eastbound <input type="radio"/> Not on Road <input type="radio"/> Southbound <input type="radio"/> Westbound <input type="radio"/> Unknown		40	<input type="radio"/> Two-Way, Not Divided <input type="radio"/> Two-Way, Divided, Unprotected Median <input type="radio"/> Two-Way, Not Divided w/ Cent. Left Turn Lane <input type="radio"/> Two-Way, Divided, with Median Barrier <input type="radio"/> One-Way Roadway	Per Undivided Highways: Count Total Lanes in Both Directions (Excluding Designated Turn Lanes)
Traffic Control Device Type:		Horizontal Alignment:	Vertical Alignment:	For Divided Highways: Count Only Lanes in Direction Vehicle was Traveling Prior to Crash.
<input type="radio"/> None <input type="radio"/> Yield Sign <input type="radio"/> Person (Flagger, etc.) <input type="radio"/> School Zone Signs <input type="radio"/> Traffic Control Signal <input type="radio"/> Warning Signs <input type="radio"/> Flashing Overhead Signal <input type="radio"/> Railroad Crossing Device <input type="radio"/> Stop Sign <input type="radio"/> Other _____		<input type="radio"/> Straight <input type="radio"/> Curve Right <input type="radio"/> Level <input type="radio"/> Uphill <input type="radio"/> Sag (Bottom) <input type="radio"/> Curve Left <input type="radio"/> Banked <input type="radio"/> Downhill		2
Traffic Control Functioning Properly:		Veh Trav Speed (MPH):		
<input type="radio"/> Yes <input type="radio"/> No				
Vehicle Maneuver / Action:		Contributing Circumstances, Motor Vehicle (Select up to 2):		
<input type="radio"/> Essentially Straight Ahead <input type="radio"/> Making U-Turn <input type="radio"/> Backing <input type="radio"/> Slowing <input type="radio"/> Changing Lanes <input type="radio"/> Stopped in Traffic <input type="radio"/> Overtaking / Passing <input type="radio"/> Leaving Traffic Lane <input type="radio"/> Parked <input type="radio"/> Entering Traffic Lane <input type="radio"/> Turning Right <input type="radio"/> Negotiating a Curve <input type="radio"/> Turning Left <input type="radio"/> Other _____		<input type="checkbox"/> None <input type="checkbox"/> Tires <input type="checkbox"/> Brakes <input type="checkbox"/> Wheels <input type="checkbox"/> Wipers <input type="checkbox"/> Lights (Head, Signal, Tail, etc.) <input type="checkbox"/> Steering <input type="checkbox"/> Windows <input type="checkbox"/> Power Train <input type="checkbox"/> Truck Coupling/Trailer Hitch/Safety Chains <input type="checkbox"/> Mirrors <input type="checkbox"/> Suspension <input type="checkbox"/> Other _____		
Displaying Hazardous Material Placard:		Occurrences of Fire:	Modified Vehicle:	GVWR or GCWR:
<input type="radio"/> No <input type="radio"/> Yes		<input type="radio"/> No Fire <input type="radio"/> Yes, Vehicle Caught Fire	<input type="radio"/> No <input type="radio"/> Yes	<input type="checkbox"/> Less Than or Equal To 10,000 lbs <input type="checkbox"/> 10,001-16,000 lbs <input type="checkbox"/> More Than 16,000 lbs
Vehicle is Primarily Used to Transport Goods, Property, or People for Commerce:		Number of Axles: <u>02</u>		
<input type="radio"/> No <input type="radio"/> Yes		Total / Max Occupants of Veh: <u>0 1 / 0 5</u>		
Maneuver in which Vehicle was Removed from Scene:		Towed in:		
<input type="radio"/> Driven <input type="radio"/> Towed Due to Damage <input type="radio"/> Towed Due to Driver Condition		Towed by: <u>CHARLESTON AUTO</u>		
		Towed by: <u>CHARLESTON AUTO</u>		

Crash Record Number: _____ Vehicle Number: 01 Reporting Agency's Record Number: 2019-00000673 Page 5 of 16

Crash Events:	18 Cross Median / Centerline	19 Motor Vehicle in Transport	20 Curb	39 Traffic Sign Support
01 Overturn / Rollover	11 Downhill Runaway	20 Parked Motor Vehicle	30 Ditch	40 Traffic Signal Support
02 Fire / Explosion	12 Fell / Jumped from Motor Vehicle	21 Struck by Falling / Shifting Cargo or Anything Set in Motion by Veh	31 Embankment	41 Other Post, Pole, or Support
03 Immersion	13 Thrown or Falling Object	22 Work Zone / Maintenance Equip	32 Guardrail Face	42 Fence
04 Jackknife	14 Other Non-Collision	23 Other Non-Fixed Object	33 Guardrail End	43 Mailbox
05 Cargo/Equipment Loss or Shift	COLLISION WITH:	24 Impact Attenuator / Crash Cushion	34 Cable Median Barrier	44 Other Fixed Object
06 Equipment Failure	15 Pedestrian	25 Bridge/Overhead Structure	35 Concrete Barrier	Sequence of Events:
07 Separation of Units	16 Pedicycle	26 Bridge Pier or Support	36 Other Traffic Barrier	19 09
08 Ran Off Road Right	17 Railroad Vehicle	27 Bridge Rail	37 Tree (Standing)	Most Hazardous Event: 19
09 Ran Off Road Left	18 Animal	28 Culvert	38 Utility Pole / Light Support	

Select the ONE Diagram that best matches the involved vehicle and identify damaged areas:



Using the Numbers from the Diagram Above, Identify the Following: Area of Initial Impact: _____ Most Damaged Area: 12

Number of Trailing Units: 0

Trailing Unit #1: Same as Power Unit

Carrier / Owner's Name: _____

Address: _____

Phone: _____

VIN	Plate Class	License Plate Number	State	Year	Make	Model	Model Year	Body Type
_____	_____	_____	_____	_____	_____	_____	_____	_____

Trailing Unit #2: Same as Power Unit

Carrier / Owner's Name: _____

Address: _____

Phone: _____

VIN	Plate Class	License Plate Number	State	Year	Make	Model	Model Year	Body Type
_____	_____	_____	_____	_____	_____	_____	_____	_____

Trailing Unit #3: Same as Power Unit

Carrier / Owner's Name: _____

Address: _____

Phone: _____

VIN	Plate Class	License Plate Number	State	Year	Make	Model	Model Year	Body Type
_____	_____	_____	_____	_____	_____	_____	_____	_____

Property Damaged Other Than Vehicles:

- None
- Work Zone / Maintenance Equipment
- Impact Attenuator / Crash Cushion
- Bridge / Tunnel
- Culvert
- Guardrail
- Concrete Barrier
- Cable Median Barrier
- Other Traffic Barrier
- Utility Pole / Light Support
- Traffic Sign Support
- Traffic Signal Support
- Other Post, Pole or Support
- Fence
- Mailbox
- Other Fixed Object

Damaged Property Owner(s):

- WVDOT
- Private
- City
- Utility Company
- Other: _____

Damaged Property Location:

- On Pavement
- Right Side of Road
- Left Side of Road

State of West Virginia Uniform Traffic Crash Report

DOH Form: 17-drV
Revised: 02/2007

Driver Data

Crash Record Number: _____

Vehicle Number (from Vehicle Data Page) 01

Page 6 of 16

Reporting Agency's Record Number: 2019-00030673

Driver's Name: WHITE

Last

THELMA

CRYSTAL

First

Middle

Suffix

Address: Same as Veh Owner

KENNA

WV 25248

City

State

Zip Code

Home Phone: _____

Other Phone: _____

Driving License:

License Type:

- Not Licensed GDL Level 1 CDL Instruction Permit
 Driving License GDL Level 2 Motorcycle Instruction Permit
 Instruction Permit GDL Level 3 Motorcycle Only

CDL Class: _____

 A B C

Issuing State: WV

Lic. Number: _____

Date of Birth: _____

License Restrictions: (Select All that Apply)

- None
 Corrective Lenses
 Mechanical Devices
 Prosthetic Aid
 Automatic Transmission
 Outside Mirror
 Limit to Daylight Only
 Limit to Employment
 Must Be Accompanied by Adult

- Limited - Other
 CDL Intrastate Only
 Motor Vehicles w/o Air Brakes
 Military Vehicles Only
 Except Class A Bus
 Except Class A and Class B Bus
 Except Tractor - Trailer
 Farm Waiver
 Other _____

Endorsements: (Select Up to 5)

- None
 T - Double/Triple Trailers
 P - Passenger Vehicle
 S - School Bus
 N - Tank Vehicle
 H - Hazardous Materials
 X - Combined Tank / Haz. Materials
 F - Motorcycle (WV Only)
 Other - Non-WV Licenses Only

- Valid
 Expired
 Suspended
 Revoked
 Probation
 Surrendered
 Valid/Interlock
 Fraudulent

Driver Condition at Time of Crash:

- Apparently Normal
 Emotional
 IR
 Fell Asleep, Fainted, Fatigued
 Under the Influence of Medication/Alcohol/Drugs
 Other _____

Action(s) of Driver that Contributed to the Crash: (Select Up to 4)

- None
 Ran Off Road
 Failed to Yield Right of Way
 Deregarded Traffic Signs
 Ran Red Light
 Disregarded Other Road Markings
 Exceeded Posted Speed Limit
 Drove Too Fast For Conditions

- Improper Turn
 Improper Backing
 Improper Passing
 Wrong Side or Wrong Way
 Followed Too Closely
 Failed to Keep in Proper Lane
 Operated Veh in Erratic, Reckless, or Careless Manner

Driver Use of Alcohol Suspected:

- No
 Yes
 Unknown

- Test Given
 None Given
 Test Refused

- Type of Alcohol Test Given (Select Up to 2):
 Blood Breath Urine
 Serum Field Other: _____

- PBT Results:
 Pass
 Fail: _____

- BAC Results:

 Pending
 Unknown

Driver Use of Drugs Suspected:

- No
 Yes
 Unknown

- Drug Test Given:
 Test Given
 None Given
 Test Refused
 Unknown if Tested

- Type of Drug Test Given:
 Blood DRE
 Serum
 Urine
 Other: _____

- Drug Test Results (Check All that Apply):
 None Amphetamine Pending
 Marijuana PCP
 Cocaine Other Controlled Substance
 Opiate Other Drug

Driver Distracted By:

- Not Distracted
 Electronic Communication Device

- Other Electronic Device
 Other Inside Vehicle

- Other Outside Vehicle

Crash Record Number: Vehicle Number (from Vehicle Data Page) 01Page of 16

Reporting Agency's Record Number: 2019-00030673

Known or Suspected Violation(s) by Driver:

 No ViolationsReckless/Careless/Hit and Run Type Offenses Negligent Homicide Reckless Driving; Driving to Endanger; Negligent Driving Inattentive, Careless, Improper Driving Fleeing or Eluding Law Enforcement Failure to Obey Law Enforcement, Fireman, Authorized Person Directing Traffic Hit and Run, Failure to Stop After Accident Serious Violation Resulting in DeathImpairment Offenses Driving While Intoxicated (Alcohol or Drugs) or BAC Above Limit Driving While Impaired Driving Under Influence of Controlled Substance Driving Under Influence of Non-Controlled Substance Drinking While Operating Illegal Possession of Alcohol or Drugs Driving with Detectable Alcohol (CDL or Under 21 Years of Age) Refusal to Submit to Chemical TestSpeed Related Offenses Failure to Maintain Control of Vehicle Racing Speeding (Above Speed Limit) Speed Greater than Reasonable and Prudent Exceeding Special Limit Driving too SlowlyRules of the Road - Traffic Signs and Signals Failure to Stop for Red Signal Failure to Stop for Flashing Red Signal Violation of Turn on Red Failure to Obey Flashing Signal (Yellow or Red) Failure to Obey Signal, Generally Violation of RR Grade Crossing Device or Regulations Failure to Obey Stop Sign Failure to Obey Yield Sign Failure to Obey Traffic Control DeviceRules of the Road - Lane Usage Unsafe or Prohibited Lane Change Improper Use of Lane Certain Traffic to Use Right Lane Lane Violations, GenerallyRules of the Road - Wrong Side, Passing and Following Driving Wrong Way on One-Way Road Driving on Left, Wrong Side of Road, Generally Improper, Unsafe Passing Passing on Right (Drive Off of Pavement to Pass) Passed Stopped School Bus Failure to Give Way When Overtaken Following Too Closely Wrong Side, Passing, Following Violations, GenerallyRules of the Road - Turning, Yielding, Signaling Turn in Violation of Traffic Control Improper Method and Position of Turn Failure to Signal for Turn or Stop Failure to Yield to Emergency Vehicle Failure to Yield, Generally Enter Intersection when Space InsufficientNon-Moving License and Registration Violations Driving While License Suspended or Revoked Other Driver License Restrictions Commercial Driver Violations Vehicle Registration Violations Failure to Carry Insurance Card Driving Uninsured Vehicle Non-Moving Violations, GenerallyEquipment Lamp Violations Brake Violations Failure to Require Restraint Use Motorcycle Equipment Violations Violation of Hazardous Cargo Regulations Size, Weight, Load Violations Equipment Violations, GenerallyOther Violations Parking Theft, Unauthorized Use of Motor Vehicle Driving Where Prohibited Other Moving Violation

Citation(s) Issued to Driver:

Charge	State Code / Municipal Ordinance	Citation Number	Warning
			<input type="checkbox"/>

STATEMENT OF DRIVER:

DUE TO DRIVER'S MEDICAL CONDITION, SHE WAS UNABLE TO SPEAK TO PROVIDE A RECORDED STATEMENT.



State of West Virginia Uniform Traffic Crash Report
Vehicle Data

DOT Form 17-wt
Revised: 02/2007

Crash Record Number:		Vehicle Number:	Reporting Agency's Record Number:	Page <u>8</u> of <u>16</u>
Vehicle Type: <input checked="" type="radio"/> Motor Veh in Transport <input type="radio"/> Parked Motor Veh / Trailer <input type="radio"/> Working Veh / Equipment		Hit and Run: <input type="radio"/> No, Did Not Leave Scene <input type="radio"/> Yes, Driver Left Scene <input type="radio"/> Yes, Car and Driver Left Scene		
Owner's Name(s): PISON MANAGEMENT		Driver Presence at Time of Crash: <input type="radio"/> Driver Operated Vehicle <input checked="" type="radio"/> Driverless Vehicle		
Address: CHARLESTON		City: WV 25301	Date: 08/04/2019	Phone: (304) 222-1234
Make: CHEVROLET	Model: SILVERADO	Model Year: 2004	Body Type: PICKUP	Color: BLUE
VIN: 1GCEK3E5X5A123456	Plate Class: A	Licence Plate Number: 12345678	State: WV	Reg Year: 2020
Special Function of Motor Vehicles: <input type="radio"/> None <input type="radio"/> Police <input type="radio"/> Courtesy Patrol <input type="radio"/> Used as School Bus <input type="radio"/> Ambulance <input type="radio"/> Taxi <input type="radio"/> Used as Other Bus <input type="radio"/> Fire Truck <input type="radio"/> Military		Used as an Emergency Vehicle: <input type="radio"/> No <input checked="" type="radio"/> Yes	Vehicle Used as a Bus: <input type="radio"/> Public School Bus <input type="radio"/> Commuter Bus <input type="radio"/> Tour Bus <input type="radio"/> Private School Bus <input type="radio"/> Shuttle Bus <input type="radio"/> Church Bus <input type="radio"/> Scheduled Service Bus <input type="radio"/> Modified for Personal/Private Use	Proof of Liability Insurance: <input type="radio"/> Properly Registered <input type="radio"/> Improperly Registered <input type="radio"/> No Registration Required <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Req
Direction of Travel Before Crash: <input type="radio"/> Northbound <input type="radio"/> Eastbound <input type="radio"/> Not on Road <input type="radio"/> Southbound <input type="radio"/> Westbound <input type="radio"/> Unknown		Applicable Speed Limit (MPH): 40	Roadway Description: <input type="radio"/> Two-Way, Not Divided <input type="radio"/> Two-Way, Divided, Unprotected Median <input type="radio"/> Two-Way, Not Divided w/ Cnt. Left Turn Lane <input type="radio"/> Two-Way, Divided, with Median Barrier <input type="radio"/> One-Way Roadway	Ins. Co.: ERIE Policy No: 0225830178W Exp Date: 02/01/2020 Ins. Agent Name or Phone: 304-266-0002
Traffic Control Device Types: <input type="radio"/> None <input type="radio"/> Yield Sign <input type="radio"/> Person (Flagger, etc.) <input type="radio"/> School Zone Signs <input type="radio"/> Traffic Control Signal <input type="radio"/> Warning Signs <input type="radio"/> Flashing Overhead Signal <input type="radio"/> Railroad Crossing Device <input type="radio"/> Stop Sign <input type="radio"/> Other _____		Horizontal Alignment: <input type="radio"/> Straight <input type="radio"/> Curve Right <input type="radio"/> Level <input type="radio"/> Uphill <input type="radio"/> Sag (Bottom) <input type="radio"/> Curve Left <input type="radio"/> Hillcrest <input type="radio"/> Downhill	Vertical Alignment: <input type="radio"/> Underdrive / Overtake: <input type="radio"/> No Underdrive or Overtake <input type="radio"/> Underdrive, Compartment Intrusion Unknown <input type="radio"/> Underride, Compartment Intrusion <input type="radio"/> Underride, Motor Vehicle in Transport <input type="radio"/> Underride, No Compartment Intrusion <input type="radio"/> Underride, Other Motor Vehicle	Total Lanes in Roadway: For Undivided Highways: Count Total Lanes in Both Directions (Including Designated Turn Lanes) _____ For Divided Highways: Count Only Lanes in Direction Vehicle was Traveling Prior to Crash: 2
Traffic Control Functioning Properly: <input type="radio"/> Yes <input checked="" type="radio"/> No		Veh Travel Speed (MPH): _____		
Vehicle Maneuvers / Action: <input type="radio"/> Essentially Straight Ahead <input type="radio"/> Making U-Turn <input type="radio"/> None Evident or Reported <input type="radio"/> Backing <input type="radio"/> Slowing <input type="radio"/> Braking - Skidmarks Evident <input type="radio"/> Changing Lanes <input type="radio"/> Stopped in Traffic <input type="radio"/> Braking - Driver Stated <input type="radio"/> Overtaking / Passing <input type="radio"/> Leaving Traffic Lane <input type="radio"/> Braking - Other Evidence <input type="radio"/> Parked <input type="radio"/> Entering Traffic Lane <input type="radio"/> Steering - Evidence or Stated <input type="radio"/> Turning Right <input type="radio"/> Negotiating a Curve <input type="radio"/> Steering and Braking <input type="radio"/> Turning Left <input type="radio"/> Other _____ <input type="radio"/> Other _____		Contributing Circumstances, Motor Vehicle (Select up to 3): <input type="checkbox"/> None <input type="checkbox"/> Tires <input type="checkbox"/> Brakes <input type="checkbox"/> Wheels <input type="checkbox"/> Wipers <input type="checkbox"/> Lights (Head, Signal, Tail, etc.) <input type="checkbox"/> Steering <input type="checkbox"/> Windows <input type="checkbox"/> Power Train <input type="checkbox"/> Truck Coupling/Trailer Hitch/Safety Chain <input type="checkbox"/> Mirrors <input type="checkbox"/> Suspension <input type="checkbox"/> Other _____		
Displaying Hazardous Materials Placards: <input type="radio"/> No <input type="radio"/> Yes		Occupants of Veh: <input type="radio"/> No <input checked="" type="radio"/> Yes		
Occurrences of Fire: <input type="radio"/> No Fire <input type="radio"/> Yes, Vehicle Caught Fire		Modified Vehicle: <input type="radio"/> No <input checked="" type="radio"/> Yes		
Vehicle is Primarily Used to Transport Goods, Property, or People for Commerce: <input type="radio"/> No <input checked="" type="radio"/> Yes		Maneuver, in which Vehicle was Removed from Scene: <input type="radio"/> Driven <input type="radio"/> Towed Due to Damage <input type="radio"/> Towed Due to Driver Condition <input type="radio"/> Left at Scene		
Towed to: CHARLESTON AUTO		Towed by: CHARLESTON AUTO		
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Vehicle is Primarily Used to Transport Goods, Property, or People for Commerce: <input type="radio"/> No <input checked="" type="radio"/> Yes		Maneuver, in which Vehicle was Removed from Scene: <input type="radio"/> Driven <input type="radio"/> Towed Due to Damage <input type="radio"/> Towed Due to Driver Condition <input type="radio"/> Left at Scene		
Towed to: CHARLESTON AUTO		Towed by: CHARLESTON AUTO		
Displaying Hazardous Materials Placards: <input type="radio"/> No <input checked="" type="radio"/> Yes		Occupants of Veh: <input type="radio"/> No <input checked="" type="radio"/> Yes		
Occurrences of Fire: <input type="radio"/> No Fire <input type="radio"/> Yes, Vehicle Caught Fire		Modified Vehicle: <input type="radio"/> No <input checked="" type="radio"/> Yes		
Vehicle is Primarily Used to Transport Goods, Property, or People for Commerce: <input type="radio"/> No <input checked="" type="radio"/> Yes		Maneuver, in which Vehicle was Removed from Scene: <input type="radio"/> Driven <input type="radio"/> Towed Due to Damage <input type="radio"/> Towed Due to Driver Condition <input type="radio"/> Left at Scene		
Towed to: CHARLESTON AUTO		Towed by: CHARLESTON AUTO		
Displaying Hazardous Materials Placards: <input type="radio"/> No <input checked="" type="radio"/> Yes		Occupants of Veh: <input type="radio"/> No <input checked="" type="radio"/> Yes		
Occurrences of Fire: <input type="radio"/> No Fire <input type="radio"/> Yes, Vehicle Caught Fire		Modified Vehicle: <input type="radio"/> No <input checked="" type="radio"/> Yes		
Vehicle is Primarily Used to Transport Goods, Property, or People for Commerce: <input type="radio"/> No <input checked="" type="radio"/> Yes		Maneuver, in which Vehicle was Removed from Scene: <input type="radio"/> Driven <input type="radio"/> Towed Due to Damage <input type="radio"/> Towed Due to Driver Condition <input type="radio"/> Left at Scene		
Towed to: CHARLESTON AUTO		Towed by: CHARLESTON AUTO		
Displaying Hazardous Materials Placards: <input type="radio"/> No <input checked="" type="radio"/> Yes		Occupants of Veh: <input type="radio"/> No <input checked="" type="radio"/> Yes		
Occurrences of Fire: <input type="radio"/> No Fire <input type="radio"/> Yes, Vehicle Caught Fire		Modified Vehicle: <input type="radio"/> No <input checked="" type="radio"/> Yes		
Vehicle is Primarily Used to Transport Goods, Property, or People for Commerce: <input type="radio"/> No <input checked="" type="radio"/> Yes		Maneuver, in which Vehicle was Removed from Scene: <input type="radio"/> Driven <input type="radio"/> Towed Due to Damage <input type="radio"/> Towed Due to Driver Condition <input type="radio"/> Left at Scene		
Towed to: CHARLESTON AUTO		Towed by: CHARLESTON AUTO		
Displaying Hazardous Materials Placards: <input type="radio"/> No <input checked="" type="radio"/> Yes		Occupants of Veh: <input type="radio"/> No <input checked="" type="radio"/> Yes		
Occurrences of Fire: <input type="radio"/> No Fire <input type="radio"/> Yes, Vehicle Caught Fire		Modified Vehicle: <input type="radio"/> No <input checked="" type="radio"/> Yes		
Vehicle is Primarily Used to Transport Goods, Property, or People for Commerce: <input type="radio"/> No <input checked="" type="radio"/> Yes		Maneuver, in which Vehicle was Removed from Scene: <input type="radio"/> Driven <input type="radio"/> Towed Due to Damage <input type="radio"/> Towed Due to Driver Condition <input type="radio"/> Left at Scene		
Towed to: CHARLESTON AUTO		Towed by: CHARLESTON AUTO		
Displaying Hazardous Materials Placards: <input type="radio"/> No <input checked="" type="radio"/> Yes		Occupants of Veh: <input type="radio"/> No <input checked="" type="radio"/> Yes		
Occurrences of Fire: <input type="radio"/> No Fire <input type="radio"/> Yes, Vehicle Caught Fire		Modified Vehicle: <input type="radio"/> No <input checked="" type="radio"/> Yes		
Vehicle is Primarily Used to Transport Goods, Property, or People for Commerce: <input type="radio"/> No <input checked="" type="radio"/> Yes		Maneuver, in which Vehicle was Removed from Scene: <input type="radio"/> Driven <input type="radio"/> Towed Due to Damage <input type="radio"/> Towed Due to Driver Condition <input type="radio"/> Left at Scene		
Towed to: CHARLESTON AUTO		Towed by: CHARLESTON AUTO		
Displaying Hazardous Materials Placards: <input type="radio"/> No <input checked="" type="radio"/> Yes		Occupants of Veh: <input type="radio"/> No <input checked="" type="radio"/> Yes		
Occurrences of Fire: <input type="radio"/> No Fire <input type="radio"/> Yes, Vehicle Caught Fire		Modified Vehicle: <input type="radio"/> No <input checked="" type="radio"/> Yes		
Vehicle is Primarily Used to Transport Goods, Property, or People for Commerce: <input type="radio"/> No <input checked="" type="radio"/> Yes		Maneuver, in which Vehicle was Removed from Scene: <input type="radio"/> Driven <input type="radio"/> Towed Due to Damage <input type="radio"/> Towed Due to Driver Condition <input type="radio"/> Left at Scene		
Towed to: CHARLESTON AUTO		Towed by: CHARLESTON AUTO		
Displaying Hazardous Materials Placards: <input type="radio"/> No <input checked="" type="radio"/> Yes		Occupants of Veh: <input type="radio"/> No <input checked="" type="radio"/> Yes		
Occurrences of Fire: <input type="radio"/> No Fire <input type="radio"/> Yes, Vehicle Caught Fire		Modified Vehicle: <input type="radio"/> No <input checked="" type="radio"/> Yes		
Vehicle is Primarily Used to Transport Goods, Property, or People for Commerce: <input type="radio"/> No <input checked="" type="radio"/> Yes		Maneuver, in which Vehicle was Removed from Scene: <input type="radio"/> Driven <input type="radio"/> Towed Due to Damage <input type="radio"/> Towed Due to Driver Condition <input type="radio"/> Left at Scene		
Towed to: CHARLESTON AUTO		Towed by: CHARLESTON AUTO		
Displaying Hazardous Materials Placards: <input type="radio"/> No <input checked="" type="radio"/> Yes		Occupants of Veh: <input type="radio"/> No <input checked="" type="radio"/> Yes		
Occurrences of Fire: <input type="radio"/> No Fire <input type="radio"/> Yes, Vehicle Caught Fire		Modified Vehicle: <input type="radio"/> No <		

Crash Record Number:

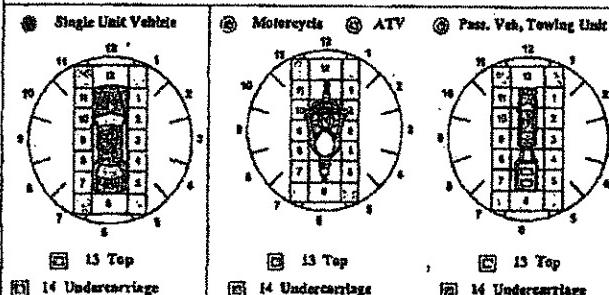
Vehicle Number: 02

Reporting Agency's Record Number: 2019-00030573

Page 9 of 16

Crash Event:	18 Curb	39 Traffic Sign Support
01 Overturn / Rollover	19 Motor Vehicle in Transport	40 Traffic Signal Support
02 Fire / Explosion	20 Parked Motor Vehicle	41 Other Post, Pole, or Support
03 Immersion	21 Struck by Falling / Shifting Cargo	42 Fence
04 Jackknife	or Anything Set in Motion by Veh	43 Mailbox
05 Cargo/Equipment Lost or Shift	22 Work Zone / Maintenance Equip	44 Other Fixed Object
06 Equipment Failure	23 Other Non-Fixed Object	Sequence of Events:
07 Separation of Units	24 Impact Attenuator / Crash Cushion	19
08 Ran Off Road Right	25 Bridge/Overhead Structure	Mon Harmful Event: 19
09 Ran Off Road Left	26 Bridge Pier or Support	
	27 Bridge Rail	
	28 Culvert	

Select the ONE Diagram that best matches the involved vehicle and identify damaged areas:



Using the Numbers from the Diagrams Above, Identify the Following:

Area of Initial Impact

Most Damaged Area

Number of Trailing Units: 1

Trailing Unit #1: Same as Power Unit

Carrier / Owner's Name: SCOTT, JOHN

Address:

CHARLESTON WV 25307 Phone: _____

VIN

Plate Class

License Plate Number

State

Year

Make

Model

Model Year

Body Type

T

WV

2020

LNW

2003

OPEN BODY

Trailing Unit #2: Same as Power Unit

Carrier / Owner's Name: _____

Address:

Phone: _____

City

State

Zip Code

VIN

Plate Class

License Plate Number

State

Year

Make

Trailing Unit #3: Same as Power Unit

Carrier / Owner's Name: _____

Address:

Phone: _____

City

State

Zip Code

VIN

Plate Class

License Plate Number

State

Year

Make

Property Damaged Other Than Vehicles:

None

Work Zone / Maintenance Equipment

Impact Attenuator / Crash Cushion

Bridge / Tussel

Culvert

Guardrail

Concrete Barrier

Cable Median Barrier

Other Traffic Barrier

Utility Pole / Light Support

Traffic Sign Support

Traffic Signal Support

Other Post, Pole or Support

Fence

Mailbox

Other Fixed Object

Damaged Property Owner(s):

WVDOT Private

City Utility Company

Other: _____

Damaged Property Location:

On Pavement

Right Side of Road

Left Side of Road

State of West Virginia Uniform Traffic Crash Report

DOH Form: 17-drv
Revised: 02/2007

Driver Data

Crash Record Number: [REDACTED]

Vehicle Number (from Vehicle Data Page) 02 [REDACTED]

Page 10 of 16

Reporting Agency's Record Number: 2019-00030673

Driver's Name:	ELDER	DEMETRIUS	S	
	Last	First	Middle	Suffix
Address:	(<input checked="" type="radio"/>) Same as Veh Owner	[REDACTED]	CROSS LANES	WV 25313
			City	State Zip Code

Home Phone: [REDACTED] Other Phone: [REDACTED]

Driving License:

License Type:

- Not Licensed GDL Level 1 CDL Instruction Permit
 Driving License GDL Level 2 Motorcycle Instruction Permit
 Instruction Permit GDL Level 3 Motorcycle Only

CDL Class:

-
- A
-
- B
-
- C

Issuing State: WV

Lic. Number: [REDACTED]

Date of Br:

License Restrictions: (Select All that Apply)

- None
 Corrective Lenses
 Mechanical Devices
 Prosthetic Aid
 Automatic Transmission
 Outside Mirror
 Limit to Daylight Only
 Limit to Employment
 Must Be Accompanied by Adult

- Limited - Other
 CDL Intrastate Only
 Motor Vehicles w/o Air Brakes
 Military Vehicles Only
 Except Class A Bus
 Except Class A and Class B Bus
 Except Tractor - Trailer
 Farm Waiver
 Other _____

Endorsements: (Select Up to 5)

- None
 T - Double/Triple Trailers
 P - Passenger Vehicle
 S - School Bus
 N - Tank Vehicle
 H - Hazardous Materials
 X - Combined Tank / Haz. Materials
 F - Motorcycle (WV Only)
 Other - Non-WV Licenses Only

Status:

- Valid
 Expired
 Suspended
 Revoked
 Probation
 Surrendered
 Valid/Interlock
 Fraudulent

Driver Condition at Time of Crash:

- Apparently Normal
 Emotional
 Ill
 Fell Asleep, Fainted, Fatigued
 Under the Influence of Medication/Alcohol/Drugs
 Other [REDACTED]

Action(s) of Driver that Contributed to the Crash: (Select Up to 4)

- None
 Ran Off Road
 Failed to Yield Right of Way
 Disregarded Traffic Signs
 Ran Red Light
 Disregarded Other Road Markings
 Exceeded Posted Speed Limit
 Drove Too Fast For Conditions
- Improper Turn
 Improper Backing
 Improper Passing
 Wrong Side or Wrong Way
 Followed Too Closely
 Failed to Keep in Proper Lane
 Operated Veh in Erratic, Reckless, or Careless Manner

- Operated Veh in Aggressive Manner
 Swerved or Avoided
 Over Correcting / Over Steering
 Other Improper Action

Driver Use of Alcohol Suspected:

Alcohol Use Suspected:

- No
 Yes
 Unknown

Alcohol Test Given:

- Test Given
 None Given
 Test Refused

Type of Alcohol Test Given (Select Up to 2):

- Blood Breath Urine
 Serum Field Other: [REDACTED]

PBT Results:

- Pass
 Fail

BAC Results:

- _____
 Pending
 Unknown

Driver Use of Drugs Suspected:

Drug Use Suspected:

- No
 Yes
 Unknown

Drug Test Given:

- Test Given
 None Given
 Test Refused
 Unknown if Tested

Type of Drug Test Given:

- Blood DRE
 Serum Urine
 Urine Other: [REDACTED]

Drug Test Results (Check All that Apply):

- None Amphetamine Pending
 Marijuana PCP
 Cocaine Other Controlled Substance
 Opiate Other Drug

Driver Distracted By:

- Not Distracted
 Electronic Communication Device

- Other Electronic Device
 Other Inside Vehicle

- Other Outside Vehicle

Crash Record Number: Vehicle Number (from Vehicle Data Page) 02Page of 18Reporting Agency's Record Number: 2019-00030673

Known or Suspected Violation(s) by Driver:

 No ViolationsReckless/Careless/Hit and Run Type Offenses Negligent Homicide Reckless Driving; Driving to Endanger; Negligent Driving Inattentive, Careless, Improper Driving Fleeing or Eluding Law Enforcement Failure to Obey Law Enforcement, Fireman, Authorized Person Directing Traffic Hit and Run, Failure to Stop After Accident Serious Violation Resulting in DeathImpairment Offenses Driving While Intoxicated (Alcohol or Drugs) or BAC Above Limit Driving While Impaired Driving Under Influence of Controlled Substance Driving Under Influence of Non-Controlled Substance Drinking While Operating Illegal Possession of Alcohol or Drugs Driving with Detectable Alcohol (CDL or Under 21 Years of Age) Refusal to Submit to Chemical TestSpeed Related Offenses Failure to Maintain Control of Vehicle Racing Speeding (Above Speed Limit) Speed Greater than Reasonable and Prudent Exceeding Special Limit Driving too SlowlyRules of the Road - Traffic Signs and Signals Failure to Stop for Red Signal Failure to Stop for Flashing Red Signal Violation of Turn on Red Failure to Obey Flashing Signal (Yellow or Red) Failure to Obey Signal, Generally Violation of RR Grade Crossing Device or Regulations Failure to Obey Stop Sign Failure to Obey Yield Sign Failure to Obey Traffic Control DeviceRules of the Road - Lane Usage Unsafe or Prohibited Lane Change Improper Use of Lane Certain Traffic to Use Right Lane Lane Violations, GenerallyRules of the Road - Wrong Side, Passing and Following Driving Wrong Way on One-Way Road Driving on Left, Wrong Side of Road, Generally Improper, Unsafe Passing Passing on Right (Drive Off of Pavement to Pass) Passed Stopped School Bus Failure to Give Way When Overtaken Following Too Closely Wrong Side, Passing, Following Violations, GenerallyRules of the Road - Turning, Yielding, Signaling Turn in Violation of Traffic Control Improper Method and Position of Turn Failure to Signal for Turn or Stop Failure to Yield to Emergency Vehicle Failure to Yield, Generally Enter Intersection when Space InsufficientNon-Moving License and Registration Violations Driving While License Suspended or Revoked Other Driver License Restrictions Commercial Driver Violations Vehicle Registration Violations Failure to Carry Insurance Card Driving Uninsured Vehicle Non-Moving Violations, GenerallyEquipment Lamp Violations Brake Violations Failure to Require Restraint Use Motorcycle Equipment Violations Violation of Hazardous Cargo Regulations Size, Weight, Load Violations Equipment Violations, GenerallyOther Violations Parking Theft, Unauthorized Use of Motor Vehicle Driving Where Prohibited Other Moving Violation

Citation(s) Issued to Driver:

Charge

State Code / Municipal Ordinance

Citation Number

Warning

**STATEMENT OF DRIVER:**

* REFER TO AUDIO-RECORDED STATEMENT; OBTAINED BY DEPUTY J. L. MILLER.

DOT Form 17-req
Revised: 02/2007

State of West Virginia Uniform Traffic Crash Report

Vehicle Data

Crash Record Number:		Vehicle Number:	Reporting Agency's Record Number:	Page <u>12</u> of <u>16</u>
Vehicle Type: <input checked="" type="radio"/> Motor Veh in Transport <input type="radio"/> Parked Motor Veh / Trailer <input type="radio"/> Working Veh / Equipment		Dir and Run: <input type="radio"/> No, Did Not Leave Scene <input type="radio"/> Yes, Driver Left Scene <input checked="" type="radio"/> Yes, Car and Driver Left Scene		Driver Present at Time of Crash: <input type="radio"/> Driver Operated Vehicle <input checked="" type="radio"/> Driverless Vehicle
Owner's Name(s): HUFFMAN, RICK				
Address:		MADISON WV 26190		
Make:	Model:	Model Year:	Body Type:	Color:
DODGE	CALIBER	2007	H	SILVER
VIN:	Plate Class:	Lic peace	State:	Reg Year:
	A		WV	2020
Special Function of Motor Vehicle: <input type="radio"/> None <input type="radio"/> Police <input type="radio"/> Courtesy Patrol <input type="radio"/> Used as School Bus <input type="radio"/> Ambulance <input type="radio"/> Taxi <input type="radio"/> Used as Other Bus <input type="radio"/> Fire Truck <input type="radio"/> Military		Used as an Emergency Vehicle: <input type="radio"/> No <input checked="" type="radio"/> Yes	Vehicle Used as a Bus: <input type="radio"/> Public School Bus <input type="radio"/> Private School Bus <input type="radio"/> Scheduled Service Bus	Proof of Liability Insurance: <input type="radio"/> Properly Registered <input type="radio"/> Improperly Registered <input type="radio"/> No Registration Required <input type="radio"/> Not Req
			<input type="radio"/> Commuter Bus <input type="radio"/> Tour Bus <input type="radio"/> Shuttle Bus <input type="radio"/> Church Bus <input type="radio"/> Modified for Personal/Private Use	Ins. Co.: W.V. NATIONAL AUTO Policy No: Exp Date: 10/10/2018 Ins. Agent Name or Phone: 304-296-0607
Directions of Travel Before Crash: <input type="radio"/> Northbound <input type="radio"/> Eastbound <input type="radio"/> Not on Road <input type="radio"/> Southbound <input type="radio"/> Westbound <input type="radio"/> Unknown		Applicable Speed Limit (MPH): <u>40</u>	Roadway Description: <input type="radio"/> Two-Way, Not Divided <input type="radio"/> Two-Way, Not Divided w/ Cont. Left Turn Lane <input type="radio"/> One-Way Roadway	Total Lanes in Roadway: For Undivided Highways: Count Total Lanes in Both Directions. (Excluding Designated Turn Lanes) For Divided Highways: Count Only Lanes in Direction Vehicle was Travelling Prior to Crash. <u>2</u>
Traffic Control Device Type: <input type="radio"/> None <input type="radio"/> Yield Sign <input type="radio"/> Person (Flagger, etc.) <input type="radio"/> School Zone Signs <input type="radio"/> Traffic Control Signal <input type="radio"/> Warning Signs <input type="radio"/> Flashing Overhead Signal <input type="radio"/> Railroad Crossing Device <input type="radio"/> Stop Sign <input type="radio"/> Other _____		Horizontal Alignment: <input type="radio"/> Straight <input type="radio"/> Curve Right <input type="radio"/> Level <input type="radio"/> Uphill <input type="radio"/> Sag (Bottom) <input type="radio"/> Curve Left <input type="radio"/> Hillcrest <input type="radio"/> Downhill	Vertical Alignment:	Vch Travel Speed (MPH): _____
Traffic Control Functioning Properly: <input type="radio"/> Yes <input checked="" type="radio"/> No		Underdrive / Override: <input type="radio"/> No Underdrive or Override <input type="radio"/> Underdrive, Compartment Intrusion <input type="radio"/> Underdrive, No Compartment Intrusion	<input type="radio"/> Underdrive, Compartment Intrusion Unknown <input type="radio"/> Override, Motor Vehicle in Transport <input type="radio"/> Override, Other Motor Vehicle	Extent of Damage: <input type="radio"/> No Damage <input type="radio"/> Minor Damage <input type="radio"/> Functional Damage <input checked="" type="radio"/> Disabling Damage
Vehicle Maneuver / Action: <input type="radio"/> Essentially Straight Ahead <input type="radio"/> Making U-Turn <input type="radio"/> Backing <input type="radio"/> Slowing <input type="radio"/> Changing Lanes <input type="radio"/> Stopped in Traffic <input type="radio"/> Overtaking / Passing <input type="radio"/> Leaving Traffic Lane <input type="radio"/> Parked <input type="radio"/> Entering Traffic Lane <input type="radio"/> Turning Right <input type="radio"/> Negotiating a Curve <input type="radio"/> Turning Left <input type="radio"/> Other _____		Crash Avoidance Maneuver: <input type="radio"/> None Evident or Reported <input type="radio"/> Braking - Suddenness Evident <input type="radio"/> Braking - Driver Stated <input type="radio"/> Braking - Other Evidence <input type="radio"/> Steering - Evidence or Stated <input type="radio"/> Steering and Braking <input type="radio"/> Other _____	Contributing Circumstances, Motor Vehicle (Select up to 2): <input type="checkbox"/> None <input type="checkbox"/> Tires <input type="checkbox"/> Brakes <input type="checkbox"/> Wheels <input type="checkbox"/> Wipers <input type="checkbox"/> Lights (Head, Signal, Taill, etc.) <input type="checkbox"/> Steering <input type="checkbox"/> Windows <input type="checkbox"/> Power Train <input type="checkbox"/> Truck Coupling/Trailer Hitch/Safety Chains <input type="checkbox"/> Mirrors <input type="checkbox"/> Other _____	GVWR or GCWR: <input type="radio"/> Less Than or Equal To 10,000 lbs <input type="radio"/> 10,001 - 24,000 lbs <input checked="" type="radio"/> More Than 24,000 lbs
Displaying Hazardous Materials Picard: <input type="radio"/> No <input checked="" type="radio"/> Yes		Occurrence of Fire: <input type="radio"/> No Fire <input type="radio"/> Yes, Vehicle Caught Fire	Modified Vehicle: <input type="radio"/> No <input checked="" type="radio"/> Yes	Number of Axles: <u>02</u> Total / Max Occupants of Veh: <u>02 / 05</u>
Vehicle is Primarily Used to Transport Goods, Property, or People for Commerce:		Manner, in which Vehicle was Removed from Scene: <input type="radio"/> Driven <input type="radio"/> Towed Due to Damage <input type="radio"/> Towed Due to Driver Condition <input type="radio"/> Left at Scene		
Towed to:		Towed by:		CHARLESTON AUTO

Crash Record Number:

Vehicle Number: 03

Reporting Agency's Record Number: 2019-00030873

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Crash Events:

- 01 Overtake / Rollover
 02 Fire / Explosion
 03 Immersion
 04 Jackknife
 05 Cargo/Equipment Loss or Shift
 06 Equipment Failure
 07 Separation of Units
 08 Run Off Road Right
 09 Run Off Road Left

- 10 Cross Median / Centerline
 11 Downhill Runaway
 12 Fell / Jumped from Motor Vehicle
 13 Thrown or Falling Object
 14 Other Non-Collision
 COLLISION WITH:
 15 Pedestrian
 16 PediCycle
 17 Railroad Vehicle
 18 Animal

- 19 Motor Vehicle in Transport
 20 Parked Motor Vehicle
 21 Struck by Falling / Shifting Crops or Anything Set in Motion by Veh
 22 Work Zone / Maintenance Equip
 23 Other Non-Fixed Object
 24 Impact Attenuator / Crash Cushion
 25 Bridge/Overhead Structure
 26 Bridge Pier or Support
 27 Bridge Rail
 28 Culvert

- 29 Curb
 30 Ditch
 31 Embankment
 32 Guardrail Face
 33 Guardrail End
 34 Cable Median Barrier
 35 Concrete Barrier
 36 Other Traffic Barrier
 37 Tree (Standing)
 38 Utility Pole / Light Support

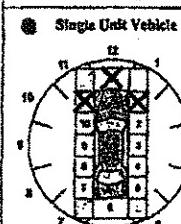
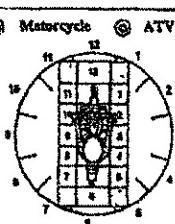
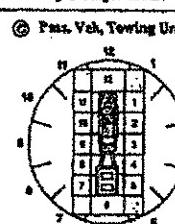
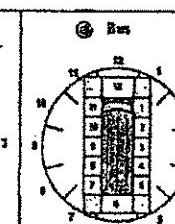
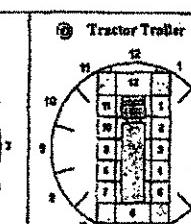
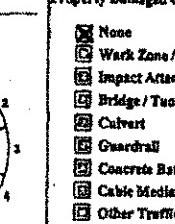
- 39 Traffic Sign Support
 40 Traffic Signal Support
 41 Other Post, Pole, or Support
 42 Fence
 43 Mailbox
 44 Other Fixed Object

Sequence of Events:

19

Most Harmful Event: 19

Select the ONE Diagram that best matches the involved vehicle and identify damaged areas:

 13 Top 14 Undercarriage 13 Top 14 Undercarriage 13 Top 14 Undercarriage 13 Top 14 Undercarriage 13 Top 14 Undercarriage 13 Top 14 Undercarriage

Using the Numbers from the Diagrams Above, Identify the Following:

Area of Initial Impact: 12

Most Damaged Area: 12

Number of Trailing Units: 0

Trailing Unit #1: Same as Power Unit

Carrier / Owner's Name: _____

Address: _____

Phone: _____

VIN	Plate Class	License Plate Number	State	Year	Make	Model	Model Year	Body Type

Trailing Unit #2: Same as Power Unit

Carrier / Owner's Name: _____

Address: _____

Phone: _____

VIN	Plate Class	License Plate Number	State	Year	Make	Model	Model Year	Body Type

Trailing Unit #3: Same as Power Unit

Carrier / Owner's Name: _____

Address: _____

Phone: _____

VIN	Plate Class	License Plate Number	State	Year	Make	Model	Model Year	Body Type

Property Damaged Other Than Vehicles:

- None
 Work Zone / Maintenance Equipment
 Impact Attenuator / Crash Cushion
 Bridge / Tugend
 Culvert
 Guardrail
 Concrete Barrier
 Cable Median Barrier
 Other Traffic Barrier
 Utility Pole / Light Support
 Traffic Sign Support
 Traffic Signal Support
 Other Post, Pole or Support
 Fence
 Mailbox
 Other Fixed Object

Damaged Property Owner(s):

- WVDOR Private
 City Utility Company
 Other: _____

Damaged Property Location:

- On Pavement
 Right Side of Road
 Left Side of Road



State of West Virginia Uniform Traffic Crash Report

DOH Form: 17-drw
Revised: 02/2007

Driver Data

Crash Record Number: _____

Vehicle Number (from Vehicle Data Page) 03

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Reporting Agency's Record Number: 2019-00030673

Driver's Name: HUFFMAN RICK L Suffix
 Last First Middle
 Address: Same as Veh Owner MADISON City WV State Zip Code
 25130

Home Phone: _____ Other Phone: _____

Driving License:

License Type:

- Not Licensed GDL Level 1 CDL Instruction Permit
 Driving License GDL Level 2 Motorcycle Instruction Permit
 Instruction Permit GDL Level 3 Motorcycle Only

CDL Class: _____

- A B C

Issuing State: WV

Lic. Number: _____

Date of Birth: _____

License Restrictions: (Select All that Apply)

- None Limited - Other
 Corrective Lenses CDL Intrastate Only
 Mechanical Devices Motor Vehicles w/o Air Brakes
 Prosthetic Aid Military Vehicles Only
 Automatic Transmission Except Class A Bus
 Outside Mirror Except Class A and Class B Bus
 Limit to Daylight Only Except Tractor - Trailer
 Limit to Employment Farm Waiver
 Must Be Accompanied by Adult Other _____

Endorsements: (Select Up to 5)

- None T - Double/Triple Trailers
 P - Passenger Vehicle S - School Bus
 N - Tank Vehicle H - Hazardous Materials
 X - Combined Tank / Haz. Materials
 F - Motorcycle (WV Only)
 Other - Non-WV Licenses Only

- Valid
 Expired
 Suspended
 Revoked
 Probation
 Surrendered
 Valid/Interlock
 Fraudulent

Driver Condition at Time of Crash:

- Apparently Normal
 Emotional
 IR
 Fell Asleep, Fainted, Fatigued
 Under the Influence of Medication/Alcohol/Drugs
 Other _____

Action(s) of Driver that Contributed to the Crash: (Select Up to 4)

- None Improper Turn
 Ran Off Road Improper Backing
 Failed to Yield Right of Way Improper Passing
 Disregarded Traffic Signs Wrong Side or Wrong Way
 Ran Red Light Followed Too Closely
 Disregarded Other Road Markings Failed to Keep in Proper Lane
 Exceeded Posted Speed Limit Operated Veh in Erratic, Reckless, or Careless Manner
 Drove Too Fast For Conditions

Driver Use of Alcohol Suspected:

Alcohol Use Suspected:

- No
 Yes
 Unknown

Alcohol Test Given:

- Test Given
 None Given
 Test Refused

Type of Alcohol Test Given (Select Up to 2):

- Blood Breath Urine
 Serum Field Other: _____

PBT Results:

- Pass
 Fail

BAC Results:

- _____
 Pending
 Unknown

Driver Use of Drugs Suspected:

Drug Use Suspected:

- No
 Yes
 Unknown

Drug Test Given:

- Test Given
 None Given
 Test Refused
 Unknown if Tested

Type of Drug Test Given:

- Blood DRE
 Serum Urine
 Urine Other: _____

Drug Test Results (Check All that Apply):

- None Amphetamine Pending
 Marijuana PCP
 Cocaine Other Controlled Substance
 Opiate Other Drug

Driver Distracted By:

- Not Distracted
 Electronic Communication Device

 Other Electronic Device Other Inside Vehicle Other Outside Vehicle

Crash Record Number: Vehicle Number (from Vehicle Data Page) 03Page 15 of Reporting Agency's Record Number: 2019-00030673

Known or Suspected Violation(s) by Driver:

 No ViolationsReckless/Careless/Hit and Run Type Offenses Negligent Homicide Reckless Driving; Driving to Endanger; Negligent Driving Inattentive, Careless, Improper Driving Fleeing or Eluding Law Enforcement Failure to Obey Law Enforcement, Fireman, Authorized Person Directing Traffic Hit and Run, Failure to Stop After Accident Serious Violation Resulting in DeathImpairment Offenses Driving While Intoxicated (Alcohol or Drugs) or BAC Above Limit Driving While Impaired Driving Under Influence of Controlled Substance Driving Under Influence of Non-Controlled Substance Drinking While Operating Illegal Possession of Alcohol or Drugs Driving with Detectable Alcohol (CDL or Under 21 Years of Age) Refusal to Submit to Chemical TestSpeed Related Offenses Failure to Maintain Control of Vehicle Racing Speeding (Above Speed Limit) Speed Greater than Reasonable and Prudent Exceeding Special Limit Driving too SlowlyRules of the Road - Traffic Signs and Signals Failure to Stop for Red Signal Failure to Stop for Flashing Red Signal Violation of Turn on Red Failure to Obey Flashing Signal (Yellow or Red) Failure to Obey Signal, Generally Violation of RR Grade Crossing Device or Regulations Failure to Obey Stop Sign Failure to Obey Yield Sign Failure to Obey Traffic Control DeviceRules of the Road - Lane Usage Unsafe or Prohibited Lane Change Improper Use of Lane Certain Traffic to Use Right Lane Lane Violations, GenerallyRules of the Road - Wrong Side, Passing and Following Driving Wrong Way on One-Way Road Driving on Left, Wrong Side of Road, Generally Improper, Unsafe Passing Passing on Right (Drive Off of Pavement to Pass) Passed Stopped School Bus Failure to Give Way When Overtaken Following Too Closely Wrong Side, Passing, Following Violations, GenerallyRules of the Road - Turning, Yielding, Signaling Turn in Violation of Traffic Control Improper Method and Position of Turn Failure to Signal for Turn or Stop Failure to Yield to Emergency Vehicle Failure to Yield, Generally Enter Intersection when Space InsufficientNon-Moving License and Registration Violations Driving While License Suspended or Revoked Other Driver License Restrictions Commercial Driver Violations Vehicle Registration Violations Failure to Carry Insurance Card Driving Uninsured Vehicle Non-Moving Violations, GenerallyEquipment Lamp Violations Brake Violations Failure to Require Restraint Use Motorcycle Equipment Violations Violation of Hazardous Cargo Regulations Size, Weight, Load Violations Equipment Violations, GenerallyOther Violations Parading Theft, Unauthorized Use of Motor Vehicle Driving Where Prohibited Other Moving Violation

Citation(s) Issued to Driver:

Charge

State Code / Municipal Ordinance

Citation Number

Warning

STATEMENT OF DRIVER:

* REFER TO AUDIO-RECORDED STATEMENT; OBTAINED BY DEPUTY J. L. MILLER.



**State of West Virginia Uniform Traffic Crash Report
Driver and Vehicle Passenger Data**

DOT Form 12-pass
Revised: 02/2007

Crash Record Number:

Reporting Agency's Record Number: 2019-00030873

Page 16 of 16

Indiv #	Last	First	Middle Init.	Date	Veh #	Occupant Type	Social Security #	Birthdate	Age	Gender	Seating Position			Occupant Protection		
											Row	Seat	Other	Type Used	Proper Use	App. Helmet
01	WHITE	THELMA	CRYSTA		01	01				F	B	1	1	01		
02	ELDER	DEMETRIUS	S		02	01				M	O	1	1	02	03	
03	HUFFMAN	RICK	L		03	01				M	B	1	1	01	03	
04	COOPER	JAMES	S		03	02				M	B	1	3	01	03	

Occupant Type Codes:

- 01 Driver
02 Passenger
03 Occupant of Motor Veh
Not in Transport
04 Unknown Vehicle Passenger

Injury Status Codes:	A Impenetrating Injury	M Medical Condition
K Killed	B Non-Impenetrating Injury	Non-Crash Related Death or Injury
O No Injury	C Penetrating Injury	

Seating Position Codes:

ROW	SEAT	OTHER
1 Front	1 Left	1 Sleeper Section of Cab
2 Second	2 Middle	2 Other Enclosed Cargo Area
3 Third	3 Right	3 Unenclosed Cargo Area
4 Fourth	4 Other	4 Trailing Unit
5 Other Row	5 Unknown	5 Riding on Motor Vehicle Exterior
6 Unknown		6 Unknown

Type of Occupant Protection System Used Codes:

- | | |
|--|----------------------------------|
| 01 None Used | 07 Booster Seat |
| 02 Shoulder and Lap Belt Used | 08 Harness Used |
| 03 Shoulder Belt Only Used | 09 Restraint Used - Type Unknown |
| 04 Lap Belt Only Used | 10 Other |
| 05 Child Restraint System - Forward Facing | 11 Unable to Determine |
| 06 Child Restraint System - Rear Facing | - Due to Vehicle Damage |

Gender:

- M Male
F Female

Proper Use of Occupant Protection:

- | | |
|------------------|--------------------|
| 01 Used Properly | 01 Used Improperly |
| 02 Unknown | |

DOT Approved Helmet:

- | | | |
|--------|-------|------------|
| 01 Yes | 02 No | 03 Unknown |
|--------|-------|------------|

Indiv #	From Air-Bag	Trapped Extricated	Ejected	Ejection Path	Medical Transport By	EMS Agency ID #	EMS Response Run Number	Receiving Facility Name	Notified Time	Scene Time	Hospital Time	Date of Death	Time of Death	Place of Death	
01	01	01	01		02	K132	2019-0001B094	C.A.M.C. GENERAL HOSPITAL	0753	0808	0835				
02	05	01	01												
03	01	01	01		02	K91	2019-0001B094	C.A.M.C. GENERAL HOSPITAL	0748	0751	0815				
04	01	01	01		02	K104	2019-0001B094	C.A.M.C. GENERAL HOSPITAL	0800	0817	0850				

Airbag Deployed Codes:

- | | |
|---|--|
| DEPLOYED (This Side): | NOT DEPLOYED (This Side): |
| 01 Front | 05 Available, Didn't Deploy |
| 02 Side | 06 Available, Turned Off |
| 03 Other | 07 None Installed |
| 04 Multiple Directions (Front and Side) | 08 Previously Deployed - Not Replaced |
| 09 Disabled or Removed | 10 Unable to Determine - Due to Vehicle Damage |

Trapped / Extricated Codes:

- | | |
|-------------------------|-----------------------|
| 01 Not Trapped | 01 Not Ejected |
| 02 Trapped / Extricated | 02 Ejected, Partially |
| 03 Unknown | 03 Ejected, Totally |
| | 04 Unknown |

Ejection Path:

- | | |
|---------------------------|--------------------------------------|
| 01 Thru Side Door Opening | 05 Thru Back Door / Tailgate Opening |
| 02 Thru Side Window | 06 Thru Roof Opening |
| 03 Thru Windshield | 07 Thru Convertible (Top Up) Roof |
| 04 Thru Back Window | 08 Other |

Medically Transported By:

- | | |
|--------------------|--------------------|
| 01 Not Transported | 03 Law Enforcement |
| 02 EMS | 04 Refused |
| | 05 Other |
| | 06 Unknown |

Place of Victim's Death:

- | | |
|-------------|------------------------|
| 01 At Scene | 03 At Medical Facility |
| 02 En Route | 04 Home |
| | 05 Other |